

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO, CANTON DIVISION

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Neurocare Center, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 34-1257807

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

4048 Dressler Rd NW  
Ste 100  
Canton, OH 44718-2784

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Stark  
County

Location of principal assets, if different from principal place of business

4048 Dressler Rd NW Canton, OH 44718-2784  
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) HTTP://WWW.NEUROCARECENTER.COM

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

## 7. Describe debtor's business

## A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

## 8. Under which chapter of the Bankruptcy Code is the debtor filing?

## Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply.

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

## 9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

## 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Neurocare Center, Inc.**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Neurocare Center, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 12, 2021**  
MM / DD / YYYY

X **/s/ Andrew Stalker MD**  
Signature of authorized representative of debtor  
  
Title **President**

**Andrew Stalker MD**  
Printed name

**18. Signature of attorney** X **/s/ Anthony J. DeGirolamo**  
Signature of attorney for debtor

Date **January 12, 2021**  
MM / DD / YYYY

**Anthony J. DeGirolamo**  
Printed name

**Anthony J. DeGirolamo, Attorney at Law**  
Firm name

**3930 Fulton Dr NW Ste 100B**  
**Canton, OH 44718-3040**  
Number, Street, City, State & ZIP Code

Contact phone **(330) 305-9700** Email address **tony@ajdlaw7-11.com**

**0059265**  
Bar number and State

Fill in this information to identify the case:

Debtor name **Neurocare Center, Inc.**  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO,  
 CANTON DIVISION**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Electric Power PO Box 371496 Pittsburgh, PA 15250-7496	American Electric Power	Trade debt				\$1,992.00
Captive Radiology LLC 6273 Frank Ave NW North Canton, OH 44720-7227		Trade debt				\$24,750.00
Dr Alok Bhagat 6125 Isley Rd NW Canton, OH 44718-2263		Trade debt				\$54,867.69
Dr Jay Berke 4010 Glenmoor Rd NW Canton, OH 44718-2254		Trade debt				\$39,275.82
Dr John C Andrefsky 1538 Haymarket Way Hudson, OH 44236-4665		Trade debt				\$59,813.53
Dr Morris Kinast 4717 Greenbriar Sq NE Canton, OH 44714-1137		Trade debt				\$60,128.07
Dr Timothy L Hagan 3323 Stafford Ct Florence, SC 29501-7358		Trade debt				\$31,434.90

Debtor **Neurocare Center, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Dr William J Washington Jr 5475 Governors Ave NW Canton, OH 44718-1455		Trade debt				\$112,028.67
GBS PO Box 2340 North Canton, OH 44720-0340		Trade debt				\$10,033.01
Intrado Interactive Services Corp. PO Box 74007064 Chicago, IL 60674-7064		Trade debt				\$27,858.56
KeyBank NA 4910 Tiedeman Rd Brooklyn, OH 44144-2338		PPP Loan/Money Loaned				\$710,000.00
Liniform Linen & Uniform Service 1050 Northview Ave Barberton, OH 44203-7100		Trade debt				\$3,041.95
Miracle Clean Services PO Box 26469 Akron, OH 44319		Trade debt				\$4,206.75
Ohio State Medical Association PO Box 78000 Detroit, MI 48278-0001		Trade debt				\$3,599.00
Phoenix Canton LLC c/o Phoenix Realty Management LLC 464 Heritage Rd Ste F Southbury, CT 06488-3863		Rents				\$0.00
Principal Life PO Box 10357 Des Moines, IA 50306-0357		Trade debt				\$5,807.00
Sam's Club PO Box 9001907 Louisville, KY 40290-1907		Trade debt				\$8,839.49

Debtor **Neurocare Center, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
The Doctors Company PO Box 842045 Los Angeles, CA 90001-2045		Trade debt				\$24,803.16
US Bank NA dba US Bank Equipment Finance 1310 Madrid St Marshall, MN 56258-4099		Trade debt				\$112,570.14
Wells Fargo Vendor Services LLC PO Box 35701 Billings, MT 59107-5701		Trade debt	Unliquidated			\$100,000.00



**United States Bankruptcy Court  
Northern District of Ohio, Canton Division**

In re Neurocare Center, Inc.

Debtor(s)

Case No.  
Chapter

11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Andrew Stalker, MD 14088 Congress Lake Ave NE Hartville, OH 44632-8206	Common Stockholder	20	
Charles Zollinger, MD 625 Deerfield Dr SW North Canton, OH 44720-3527	Common Stockholder	20	
Damien Earl, MD 10022 Southwyck Ave NW North Canton, OH 44720-8269	Common Stockholder	20	
Ned Nafziger, MD 4842 Staffordshire Court Cir NW Canton, OH 44718-3806	Common Stockholder	20	
Ryan Drake, DO 5139 Birkdale St NW Canton, OH 44708-1823	Common Stockholder	20	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 12, 2021

Signature /s/ Andrew Stalker MD  
Andrew Stalker MD

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Ohio, Canton Division**

**IN RE:**

Case No. \_\_\_\_\_

**Neurocare Center, Inc.**Chapter **11**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Neurocare Center, Inc.**

Printed Name(s) of Debtor(s)

**X /s/ Andrew Stalker MD**

Signature of Debtor

**1/12/2021**

Date

Case No. (if known) \_\_\_\_\_

**X**

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify the case:

Debtor name **Neurocare Center, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO, CANTON DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B..... \$ **0.00**

1b. Total personal property:

Copy line 91A from Schedule A/B..... \$ **597,245.07**

1c. Total of all property:

Copy line 92 from Schedule A/B..... \$ **597,245.07**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A Amount of claim, from line 3 of Schedule D..... \$ **730,774.48**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ **1,397,500.42**

4. Total liabilities .....  
Lines 2 + 3a + 3b

\$ **2,128,274.90**

**Fill in this information to identify the case:**

Debtor name Neurocare Center, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO, CANTON DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1.	<u>KeyBank Checking</u>	<u>Checking</u>	<u>1736</u>	<u>\$28,178.00</u>
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3.2.	<u>Key Bank Checking</u>	<u>Checking</u>	<u>565</u>	<u>\$1,788.00</u>
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3.3.	<u>JPMorgan Chase Bank NA- Checking</u>	<u>Checking</u>	<u>7589</u>	<u>\$1,953.00</u>
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4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$31,919.00

#### Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

#### Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.

Debtor **Neurocare Center, Inc.**  
Name

Case number (If known)

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 1,041,559.75 - 499,948.68 = .... \$541,611.07  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$541,611.07

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Pharmaceutical Inventory		\$0.00	No Market Value-	\$0.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. **Is any of the property listed in Part 5 perishable?**

- ☐ No  
☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☒ Yes. Book value 0.00 Valuation method Current Value 0.00

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

Debtor **Neurocare Center, Inc.**  
Name

Case number (If known)

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furnishings Scheduled at Appraised Value	\$23,715.00	Appraisal	\$23,715.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software 50 Dell Optiplex 310; 26 Dell Latitude E5530; 1 Dell PowerEdge E820	\$0.00	Debtor's Opinion	\$0.00
	15 Dell Optiplex 3010; 20 Dell Latitude E5530; Plus All Parts & Accessories	\$0.00	Debtor's Opinion	\$0.00
	Cisco Computer System	\$0.00	Debtor's Opinion	\$0.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$23,715.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

Debtor Neurocare Center, Inc.  
Name

Case number *(If known)* \_\_\_\_\_

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11:** **All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **Neurocare Center, Inc.**  
Name

Case number (If known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$31,919.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$541,611.07</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$23,715.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$597,245.07</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$597,245.07</u>



**Fill in this information to identify the case:**

Debtor name Neurocare Center, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO, CANTON DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1 ASD Speciality Healthcare</b>	<b>Describe debtor's property that is subject to a lien</b> <b>UCC Blanket Lien on All Assets</b>	<b>\$78,509.28</b>	<b>\$1,093,452.75</b>
Creditor's Name <b>dba Besse Medical</b> <b>9075 Center Point Dr Ste</b> <b>140</b> <b>West Chester, OH</b> <b>45011-4891</b>	<b>Describe the lien</b>		
Creditor's mailing address	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Date debt was incurred</b> <b>2018</b> <b>Last 4 digits of account number</b> <b>0325</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <b>1. KeyBank NA</b> <b>2. KeyBank NA</b> <b>3. ASD Speciality Healthcare</b>			

<b>2.2 KeyBank NA</b>	<b>Describe debtor's property that is subject to a lien</b> <b>UCC Blanket Lien on All Assets</b>	<b>\$494,942.06</b>	<b>\$1,093,452.75</b>
Creditor's Name <b>4910 Tiedeman Rd</b> <b>Brooklyn, OH 44144-2338</b>	<b>Describe the lien</b>		
Creditor's mailing address	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Date debt was incurred</b> <b>2015</b>			

Last 4 digits of account number

6590

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

1. KeyBank NA  
2. KeyBank NA  
3. ASD Speciality Healthcare

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 KeyBank NA

Creditor's Name

4910 Tiedeman Rd  
Brooklyn, OH 44144-2338

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2019

Last 4 digits of account number

3643

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

1. KeyBank NA  
2. KeyBank NA  
3. ASD Speciality Healthcare

Describe debtor's property that is subject to a lien

UCC Blanket Lien on All Assets

\$157,323.14

\$1,093,452.75

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$730,774.48

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Fill in this information to identify the case:**Debtor name **Neurocare Center, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO, CANTON DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>Amazon</b>  <b>8685 Independence Pkwy</b> <b>Twinsburg, OH 44087-1971</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$887.85</b>
3.2	Nonpriority creditor's name and mailing address <b>American Electric Power</b>  <b>PO Box 371496</b> <b>Pittsburgh, PA 15250-7496</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6801</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$1,992.00</b>
3.3	Nonpriority creditor's name and mailing address <b>Captive Radiology LLC</b>  <b>6273 Frank Ave NW</b> <b>North Canton, OH 44720-7227</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1824</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$24,750.00</b>
3.4	Nonpriority creditor's name and mailing address <b>Dr Alok Bhagat</b>  <b>6125 Isley Rd NW</b> <b>Canton, OH 44718-2263</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$54,867.69</b>

<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Dr Jay Berke</b>  <b>4010 Glenmoor Rd NW</b> <b>Canton, OH 44718-2254</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$39,275.82</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Dr John C Andrefsky</b>  <b>1538 Haymarket Way</b> <b>Hudson, OH 44236-4665</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$59,813.53</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Dr Morris Kinast</b>  <b>4717 Greenbriar Sq NE</b> <b>Canton, OH 44714-1137</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$60,128.07</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Dr Timothy L Hagan</b>  <b>3323 Stafford Ct</b> <b>Florence, SC 29501-7358</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$31,434.90</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Dr William J Washington Jr</b>  <b>5475 Governors Ave NW</b> <b>Canton, OH 44718-1455</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$112,028.67</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> <b>GBS</b>  <b>PO Box 2340</b> <b>North Canton, OH 44720-0340</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>6384</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,033.01</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Intrado Interactive Services Corp.</b>  <b>PO Box 74007064</b> <b>Chicago, IL 60674-7064</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>7669</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$27,858.56</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

3.12	<b>Nonpriority creditor's name and mailing address</b> <b>James Bavis</b>  <b>6557 Lutz Ave NW</b> <b>Massillon, OH 44646-9512</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Jose N. Casanova</b>  <b>5176 Sea Pines Cir NW</b> <b>Canton, OH 44718-4038</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>KeyBank NA</b>  <b>4910 Tiedeman Rd</b> <b>Brooklyn, OH 44144-2338</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$710,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Liniform Linen &amp; Uniform Service</b>  <b>1050 Northview Ave</b> <b>Barberton, OH 44203-7100</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>ious</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,041.95</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Medline Industries Inc.</b>  <b>3 Lakes Dr</b> <b>Northfield, IL 60093-2753</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>6390</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$62.83</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Miracle Clean Services</b>  <b>PO Box 26469</b> <b>Akron, OH 44319</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>4091</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,206.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Ohio State Medical Association</b>  <b>PO Box 78000</b> <b>Detroit, MI 48278-0001</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>9154</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,599.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Phoenix Canton LLC</b> <b>c/o Phoenix Realty Management LLC</b> <b>464 Heritage Rd Ste F</b> <b>Southbury, CT 06488-3863</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Principal Life</b>  <b>PO Box 10357</b> <b>Des Moines, IA 50306-0357</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,807.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Sam's Club</b>  <b>PO Box 9001907</b> <b>Louisville, KY 40290-1907</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>0644</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,839.49</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <b>The Doctors Company</b>  <b>PO Box 842045</b> <b>Los Angeles, CA 90001-2045</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>6300</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$24,803.16</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <b>US Bank NA dba US Bank Equipment Finance</b>  <b>1310 Madrid St</b> <b>Marshall, MN 56258-4099</b>  Date(s) debt was incurred <b>2016</b> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$112,570.14</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Vanguard</b> <b>c/o Ascensus</b> <b>PO Box 28067</b> <b>New York, NY 10087-8067</b>  Date(s) debt was incurred _____ Last 4 digits of account number <b>3616</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,500.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.25</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo Vendor Services LLC</b>  <b>PO Box 35701</b> <b>Billings, MT 59107-5701</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$100,000.00</b></span> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

Debtor **Neurocare Center, Inc.**  
Name

Case number (if known)

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Jennifer J. Oldham, Esq. Oldham Company LLC 759 W Market St Akron, OH 44303-1015	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Telvox Solutions 1110 Montlimar Dr Ste 7800 Mobile, AL 36609-1723	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	<u>7669</u>
4.3	Ulmer & Berne, LLP Skylight Office Tower 1660 W 2nd St Ste 1100 Cleveland, OH 44113-1406	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>1,397,500.42</u>
5c.	\$ <u>1,397,500.42</u>

Fill in this information to identify the case:

Debtor name **Neurocare Center, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO, CANTON DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Computer Support**

State the term remaining

**6 Months; Autorenewal**

**415 Group, Inc.  
4300 Munson St NW  
Canton, OH 44718-3668**

List the contract number of any government contract \_\_\_\_\_

2.2. State what the contract or lease is for and the nature of the debtor's interest **Software Licensing & Support**

State the term remaining

**GBS  
PO Box 2340  
North Canton, OH 44720-0340**

List the contract number of any government contract \_\_\_\_\_

2.3. State what the contract or lease is for and the nature of the debtor's interest **Linens Used for Patient Care**

State the term remaining

**Ongoing**

**Lineform Linen & Uniform Service  
1050 Northview Ave  
Barberton, OH 44203-7100**

List the contract number of any government contract \_\_\_\_\_

2.4. State what the contract or lease is for and the nature of the debtor's interest **Cleaning Services**

State the term remaining

**10 Months;  
Autorenewal**

**Miracle Clean Services  
PO Box 26469  
Akron, OH 44319-6469**

List the contract number of any government contract \_\_\_\_\_



**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Lease of Former Business Premises at 4105 Holiday St NW, Canton OH**  
 Last payment was made September 2020;  
 Rents due for October 2020 to December 2026 at \$45,000/Month  
 6 years

State the term remaining

List the contract number of any government contract

**Phoenix Canton LLC**  
**c/o Phoenix Realty Management LLC**  
**464 Heritage Rd Ste F**  
**Southbury, CT 06488-3863**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Employee Benefits**

State the term remaining

List the contract number of any government contract

**Principal Life**  
**PO Box 10357**  
**Des Moines, IA 50306-0357**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Internet Service (Month-to-Month)**

State the term remaining

List the contract number of any government contract

**None**

**Spectrum**  
**c/o Time Warner Cable NE PO**  
**PO Box 901**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Health Insurance**

State the term remaining

List the contract number of any government contract

**Summa Care**  
**1200 E Market St Ste 400**  
**Akron, OH 44305-4018**

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Copier Leases- Complaint on Contract filed in Stark County Court of Common Pleas; Case No. 2020 CV 00189**

State the term remaining

List the contract number of any government contract

**US Bank NA dba US Bank Equipment Finance**  
**1310 Madrid St**  
**Marshall, MN 56258-4099**

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Cell Phone Service (Month-to-Month)**

State the term remaining

**None**

List the contract number of any government contract \_\_\_\_\_

**Verizon Wireless  
P.O. Box 25505  
Lehigh Valley, PA 18002-**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Copier Leases**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**UCC No.  
OH00204033136**

**Wells Fargo Vendor Services LLC  
PO Box 35701  
Billings, MT 59107-5701**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Lease of Current Business Premises at 4048 Dressler Rd NW Ste 100, Canton OH 44718**

State the term remaining

**7 Years**

List the contract number of any government contract \_\_\_\_\_

**WTS Property Ltd.  
6199 Dressler Rd NW  
Canton, OH 44720-7605**

Fill in this information to identify the case:

Debtor name **Neurocare Center, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF OHIO, CANTON DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

**Column 1: Codebtor**

**Column 2: Creditor**

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1

**Jose N.  
Casanova**

**5176 Sea Pines Cir NW  
Canton, OH 44718-4038**

**KeyBank NA**

☒ D **2.3**

☐ E/F \_\_\_\_\_

☐ G \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name Neurocare Center, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO, CANTON DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 12, 2021

X /s/ Andrew Stalker MD

Signature of individual signing on behalf of debtor

Andrew Stalker MD

Printed name

President

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Neurocare Center, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO, CANTON DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**For prior year:**  
From 1/01/2020 to 12/31/2020

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other Year-To-Date

**Gross revenue**  
(before deductions and exclusions)

\$6,689,415.00

**For year before that:**  
From 1/01/2019 to 12/31/2019

☒ Operating a business  
☐ Other \_\_\_\_\_

\$9,317,381.00

**For the fiscal year:**  
From 1/01/2018 to 12/31/2018

☒ Operating a business  
☐ Other \_\_\_\_\_

\$9,820,240.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>See Exhibit Attached Hereto</b>	<b>Various.</b>	<b>\$0.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
<b>Captive Radiology LLC 6273 Frank Ave NW North Canton, OH 44720-7227</b>	<b>Siemens 1.5T Symphony MRI with Quantum Gradients, KKT Dual Stage Chiller System, MedRad Dual Head Pedestal Power Injector</b>	<b>11/20</b>	<b>\$10,000.00</b>

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>US Bank NA dba US Bank Equipment Finance v. Neurocare Center Inc. 2020 CV 00189</b>	<b>Complaint on Contract</b>	<b>Stark County Court of Common Pleas</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. <b>Phoenix Canton, LLC v. Neurocare Center, Inc. 5:20-cv-2825</b>	<b>Breach of lease.</b>	<b>District Court for the ND Ohio 2 S Main St Akron, OH 44308</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss  If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Anthony J. DeGirolamo, Attorney at Law 3930 Fulton Dr NW Ste 100B Canton, OH 44718-3040	Cash	Various	\$19,882.00
Email or website address			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2

years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. <b>4105 Holiday St NW Canton, OH 44718-2531</b>	<b>2001-November 2020</b>

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <b>Neurocare Center Inc. 4048 Dressler Rd NW Canton, OH 44718-2784</b>	<b>Neuro Physiologic Testing, Neurological Diagnostics and Treatment, Physical Medicine, Rehabilitation, Sleep Studies</b>	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>At business premises of 4048 Dressler Rd NW, Canton and Jax Storage at 4531 22nd St NW Canton</b>	How are records kept? <i>Check all that apply:</i>  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained.

**Medical Records Information**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?



☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Plan Administrator- Cap Trust**

Employer identification number of the plan

EIN: \_\_\_\_\_

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Jax Storage 4531 22nd St NW Canton, OH 44708-1556	Medical Records Department	Medical Records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Jax Storage 4531 22nd St NW Canton, OH 44708-1556	Practice Administrator	Office Furniture, Equipment, Research Records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
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**26. Books, records, and financial statements**

**26a.** List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. <b>The Ten Key Group LLC 470 Portage Lakes Dr Ste 102 Akron, OH 44319-2292</b>	<b>2017-present</b>

**26b.** List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address		Date of service From-To
26b.1.	<b>The Ten Key Group LLC 470 Portage Lakes Dr Ste 102 Akron, OH 44319-2292</b>	<b>2017-present</b>
Name and address		Date of service From-To
26b.2.	<b>The Ten Key Group LLC 470 Portage Lakes Dr Ste 102 Akron, OH 44319-2292</b>	<b>2017-present</b>
Name and address		Date of service From-To
26b.3.	<b>The Ten Key Group LLC 470 Portage Lakes Dr Ste 102 Akron, OH 44319-2292</b>	<b>2017-present</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	<b>The Ten Key Group LLC 470 Portage Lakes Dr Ste 102 Akron, OH 44319-2292</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	<b>KeyBank NA 4910 Tiedeman Rd Brooklyn, OH 44144-2338</b>
26d.2.	<b>Phoenix Canton LLC 464 Heritage Rd Ste F Southbury, CT 06488-3863</b>

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Andrew Stalker, MD</b>	<b>14088 Congress Lake Ave NE Hartville, OH 44632-8206</b>	<b>President; Equity Owner</b>	<b>20%</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>Charles Zollinger, MD</b>	<b>625 Deerfield Dr SW North Canton, OH 44720-3527</b>	<b>Secretary/Treasurer; Equity Owner</b>	<b>20%</b>

Name	Address	Position and nature of any interest	% of interest, if any
<b>Damien Earl, MD</b>	<b>10022 Southwyck Ave NW North Canton, OH 44720-8269</b>	<b>Equity Owner</b>	<b>20%</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>Ned Nafziger, MD</b>	<b>4842 Staffordshire Court Cir NW Canton, OH 44718-3806</b>	<b>Equity Owner</b>	<b>20%</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>Ryan Drake, DO</b>	<b>5139 Birkdale St NW Canton, OH 44708-1823</b>	<b>VP; Equity Owner</b>	<b>20%</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>Jose N. Casanova</b>	<b>5176 Sea Pines Cir NW Canton, OH 44718-4038</b>	<b>Equity owner</b>	<b>1996-7/2020</b>
Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>James Bavis</b>	<b>6557 Lutz Ave NW Massillon, OH 44646-9512</b>	<b>Equity owner</b>	<b>7/04-6/2020</b>

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>Ryan Drake, DO</b> <b>5139 Birkdale St NW</b> <b>Canton, OH 44708-1823</b>	<b>\$394,050.00</b>	<b>1/1/2020-12/31/2020</b>	<b>Regular Compensation</b>
	<b>Relationship to debtor</b> <b>VP; Equity Owner</b>			
30.2	<b>Ned Nafziger, MD</b> <b>4842 Staffordshire Court Cir NW</b> <b>Canton, OH 44718-3806</b>	<b>\$364,050.00</b>	<b>1/1/2020-12/31/2020</b>	<b>Regular Compensation</b>
	<b>Relationship to debtor</b> <b>Equity Owner</b>			

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.3	<b>Andrew Stalker, MD</b> 14088 Congress Lake Ave NE Hartsville, OH 44632-8206	\$365,150.00	1/1/2020-12/31/2020	Regular Compensation
	Relationship to debtor <b>President; Equity Owner</b>			
30.4	<b>Charles Zollinger, MD</b> 625 Deerfield Dr SW North Canton, OH 44720-3527	\$368,200.00	1/1/2020-12/31/2020	Regular Compensation
	Relationship to debtor <b>Secretary/Treasurer; Equity Owner</b>			
30.5	<b>Damien Earl, MD</b> 10022 Southwyck Ave NW North Canton, OH 44720-8269	\$302,890.72	1/1/2020-12/31/2020	Regular Compensation
	Relationship to debtor <b>Equity Owner</b>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 12, 2021**

**/s/ Andrew Stalker MD**  
Signature of individual signing on behalf of the debtor

**Andrew Stalker MD**  
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

- ☒ No  
☐ Yes

United States Bankruptcy Court  
Northern District of Ohio, Canton Division

IN RE:

Case No. \_\_\_\_\_

Neurocare Center, Inc.

Chapter 11

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: January 12, 2021

Signature: /s/ Andrew Stalker MD

Andrew Stalker MD, President

Debtor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint Debtor, if any

Amazon  
8685 Independence Pkwy  
Twinsburg, OH 44087-1971

American Electric Power  
PO Box 371496  
Pittsburgh, PA 15250-7496

ASD Speciality Healthcare  
dba Besse Medical  
9075 Center Point Dr Ste 140  
West Chester, OH 45011-4891

Bureau Of Workers Compensation  
30 W. Spring 32nd FL  
Columbus, OH 43215

Captive Radiology LLC  
6273 Frank Ave NW  
North Canton, OH 44720-7227

Dr Alok Bhagat  
6125 Isley Rd NW  
Canton, OH 44718-2263

Dr Jay Berke  
4010 Glenmoor Rd NW  
Canton, OH 44718-2254

Dr John C Andrefsky  
1538 Haymarket Way  
Hudson, OH 44236-4665

Dr Morris Kinast  
4717 Greenbriar Sq NE  
Canton, OH 44714-1137

Dr Timothy L Hagan  
3323 Stafford Ct  
Florence, SC 29501-7358

Dr William J Washington Jr  
5475 Governors Ave NW  
Canton, OH 44718-1455

GBS  
PO Box 2340  
North Canton, OH 44720-0340

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101

Intrado Interactive Services Corp.  
PO Box 74007064  
Chicago, IL 60674-7064



IRS Special Procedures  
1240 E 9th St Rm 457  
Cleveland, OH 44199-0000

James Bavis  
6557 Lutz Ave NW  
Massillon, OH 44646-9512

Jennifer J. Oldham, Esq.  
Oldham Company LLC  
759 W Market St  
Akron, OH 44303-1015

Jose N. Casanova  
5176 Sea Pines Cir NW  
Canton, OH 44718-4038

KeyBank NA  
4910 Tiedeman Rd  
Brooklyn, OH 44144-2338

Lineform Linen & Uniform Service  
1050 Northview Ave  
Barberton, OH 44203-7100

Liniform Linen & Uniform Service  
1050 Northview Ave  
Barberton, OH 44203-7100

Medline Industries Inc.  
3 Lakes Dr  
Northfield, IL 60093-2753

Miracle Clean Services  
PO Box 26469  
Akron, OH 44319-6469

Miracle Clean Services  
PO Box 26469  
Akron, OH 44319

Ohio Attorney General  
30 E Broad St 14th Flr  
Columbus, OH 43215-0000

Ohio Dept Of Job & Family Services  
PO Box 182404  
Columbus, OH 43218-0000

Ohio State Medical Association  
PO Box 78000  
Detroit, MI 48278-0001

Phoenix Canton LLC  
c/o Phoenix Realty Management LLC  
464 Heritage Rd Ste F  
Southbury, CT 06488-3863

Principal Life  
PO Box 10357  
Des Moines, IA 50306-0357

Roetzel & Andress  
Attn: Bruce Schrader, Esq.  
222 S Main St  
Akron, OH 44308-1533

Sam's Club  
PO Box 9001907  
Louisville, KY 40290-1907

State Of Ohio Dept Of Taxation  
PO Box 530 Attn: Bankruptcy Division  
Columbus, OH 43216

Summa Care  
1200 E Market St Ste 400  
Akron, OH 44305-4018

Telvox Solutions  
1110 Montlimar Dr Ste 7800  
Mobile, AL 36609-1723

The Doctors Company  
PO Box 842045  
Los Angeles, CA 90001-2045

Ulmer & Berne, LLP  
Skylight Office Tower  
1660 W 2nd St Ste 1100  
Cleveland, OH 44113-1406

US Attorney General  
950 Pennsylvania Ave NW  
C/O US Dept Of Justice  
Washington, DC 20530-0000

US Bank NA dba US Bank Equipment Finance  
1310 Madrid St  
Marshall, MN 56258-4099

Vanguard  
c/o Ascensus  
PO Box 28067  
New York, NY 10087-8067

Wells Fargo Vendor Services LLC  
PO Box 35701  
Billings, MT 59107-5701

WTS Property Ltd.  
6199 Dressler Rd NW  
Canton, OH 44720-7605

**United States Bankruptcy Court**  
**Northern District of Ohio, Canton Division**

In re Neurocare Center, Inc.

Debtor(s)

Case No.

Chapter

11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept ..... \$ .....

Prior to the filing of this statement I have received ..... \$ .....

Balance Due ..... \$ .....

☒ **RETAINER**

For legal services, I have agreed to accept and received a retainer of ..... \$ **19,882.00**

The undersigned shall bill against the retainer at an hourly rate of ..... \$ **360.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Adversary proceedings and contested matters may be billed at the then applicable hourly rates.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**filings fees, credit report costs, credit counseling and debtor education fees, and other out of pocket costs.**

In re **Neurocare Center, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**January 12, 2021**

*Date*

**/s/ Anthony J. DeGirolamo**

**Anthony J. DeGirolamo**

*Signature of Attorney*

**Anthony J. DeGirolamo, Attorney at Law**

**3930 Fulton Dr NW Ste 100B**

**Canton, OH 44718-3040**

**(330) 305-9700 Fax: (330) 305-9713**

**tony@ajdlaw7-11.com**

*Name of law firm*